POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	01/30/01
FORMALITY REVIEW	Sm	879	02-15-01
RESPONSE FORMALITY REVIEW	Sm	1020	1-11-01
l P			
INDEX OF CLAIMS			
NNon-elected			
=	Allowed Canceled	A	
÷ Restricted 0 Objected			
Claim Date Claim Date Claim Date			
Final Original 21-09	Pinal Original		Original
(1)+ ÷ \ \	51 7 1		101
3 11 1	52 1	++++	102
4 11 / 2	54		104
5	96		106
7 1 1 1 8	57 🕝 🗸		107
8	58		108
9 10	59 60		109
<u> </u>	61		111
13	62 63	┼┼┼┼	112
14	64		114
15 16	66	++++++++++++++++++++++++++++++++++++	115
17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	67		117
18 7 7	68		118
20	70	 	119
21 5 7 7	71		121
	72 73	╎╎╎╎ ┤┤	122
24	74		124
25	75 76		125
 	77	├─┼╶┼╌ ┤╴├─	127
26 29	78 79		128
39	80	├┤ ┼┼┤│├	129
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233	82 83	├ ┼ ╏ ┼┼┤	132
34	84		134
\$5 86 S	85 86		135
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38 39 44	88		138
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42	91		141
43	92		142
45	94	┞╶┋ ┼┼┼┼┼┼┼	144
45	95		145
49)	97	┝┼┼┼┼┼	146
148	98		148
56	100	┝┼┼┼┼┤┞	150

If more than 150 claims or 10 actions staple additional sheet here

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